

Blatchford (Thos. W.)

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CASES OF HYDROPHOBIA.

By THOS. W. BLATCHFORD, M.D.

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CASES OF HYDROPHOBIA.

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MESSRS. EDITORS,—I send you a letter which I received to-day from my friend Dr. Thomas W. Blatchford, of Troy, N. Y., one of our most eminent physicians. The cases accompanying the letter are very interesting, especially at this time, when hydrophobia is occurring in various parts of the country.

I think they are well worthy of publication. It is important to collect all the information possible upon this most distressing and unmanageable disease. Every one who meets with a case of it should make a careful record of its history, symptoms, treatment, and termination, and by giving it publicity we may ultimately learn how to cure a malady which has hitherto baffled human skill.

I hope that you will agree with me in opinion that an early insertion of Dr. Blatchford's cases in your Journal will be a service to the cause of medical science. I remain very respectfully yours,

Boston, July 17, 1854.

GEO. HAYWARD.

GEORGE HAYWARD, M.D.

Troy, July 15, 1854.

Dear Doctor,—I have to thank you for your "Case of Hydrophobia." I have perused it with great interest. The distinctions you draw between hydrophobia and tetanus are very good and very opportune, and they make the diagnosis comparatively easy.

Of late there seems to be more attention paid to this form of disease than formerly. Perhaps there may be more of it; certain it is, we hear more about it, and yet it is just as intractable as ever, and much about it is still wrapped up in impenetrable mystery. The only way to arrive at a knowledge of its true nature and proper treatment is, to draw out

from the oblivion of private practice, facts such as you have sent forth. Were this duty oftener performed in reference to all diseases, our art would sooner arrive at the wished-for goal, and plant itself firmly upon the immovable rock of true science. With us, however, the men most thoroughly taught in the school of enlightened experience, and, of course, the most capable of instructing others, are of all our brethren the most averse to tell us what they know—how they reason—what they have seen—and how they act. Life's brief voyage thus terminates, and they and their rich experience occupy the same grave, and pass away into forgetfulness together, and the most appropriate monument posterity could erect over their remains would be a *big dark lantern*.

While at St. Louis, at the late meeting of the American Medical Association, in an interview with an estimable friend—a distinguished professor in one of our colleges—the conversation turned upon hydrophobia. He remarked that he did not believe it was a distinct disease, but that what was supposed to be hydrophobia, was merely another form of tetanus. He thus taught his class. He said he had never seen a case of hydrophobia, and asked me if I had; I told him I had seen more than one, and related to him what I had witnessed. He appeared much interested in the description, and had the frankness to say he was now convinced they must be distinct diseases, and he would never again teach their identity. The cases I referred to, I now forward to you, requesting your opinion of their character, especially the first. I also enclose to you a copy of a case I published in the New York Annalist for December 15, 1847. That Journal had a very limited circulation, and probably very few physicians in the eastern states have ever seen the case.

These cases, together with this letter, you are at liberty to send to the Boston Medical Journal for publication, should you and the editors think they would in this way subserve the cause of science.

WHAT CONSTITUTES HYDROPHOBIA ?

About noon, September 9, 1853, I was requested to visit Michael Delany, a child in the Orphan Asylum, of this city, about 8 years of age. I was informed that he had been "a little unwell for two or three days; that to-day he appeared much worse, and at times acted very strangely." He came into the room where I was, apparently suppressing a smothered cry, and trembling from head to foot as if in a shivering ague. He seemed to be afraid of me, apparently suspicious I was going to hurt him. It was with the greatest difficulty he could be induced to come near me, to let me feel his pulse, and he did not come until after urgent entreaty and repeated assurances from myself and others that I would

do him no injury. His hands were cold and his pulse rapid and small. His lips were quivering and his teeth occasionally "chattering." I concluded, after a hurried examination, that he was laboring under the cold stage of an intermittent. I made a very short visit, for I thought my presence gave him pain, notwithstanding I was informed that at intervals he had been in the same state of agitation for three or four hours. I prescribed for him an anodyne draught, with warm drinks and a foot bath, and directed sulphate of quinine to be administered freely after the hot stage should subside, as I presumed it would soon come on, and would not last long.

In about two or three hours I was again sent for, as Michael appeared to be growing worse, and the attendants had become alarmed. I answered the call immediately, and Miss Eastman, the watchful and intelligent superintendent, met me at the door, saying she was confident I had mistaken Michael's complaint. I might depend it was not intermittent fever that affected him. Whatever it was, he was a very sick boy, and was very strangely handled. She feared he would never get well. I found him apparently as much afraid of me as at first, and quite as reluctant to let me take his hand or even come near him. His hand was now warm, but his agitation was so distressing and his resistance so great that I could ascertain nothing definite respecting his pulse. I was informed that it was with the greatest difficulty he could be persuaded to take his medicine, or even to attempt to soak his feet, for as soon as his feet came near the water it seemed to produce a sensation of suffocation which made him instantly draw them away. In short, remedies were so perseveringly resisted, that the effort to apply them was thought to be productive of more evil than good. It was only by means of firmness and force that anything recommended could be employed. The inhalation of ether was as firmly resisted as any other remedy. All these remedies seemed to produce a distressing sense of suffocation, and catching of the breath. In the evening I called again, and found no improvement. The same difficulty attended every attempt to swallow. He appeared thirsty, and wanted to drink, but evidently dreaded the consequences. In the morning I saw him early. When I attempted to feel his pulse, he drew his hand away, almost convulsed with dread, crying most piteously, his whole body trembling with terror. The least motion of the bed-clothes, or any movement in the room causing the slightest agitation of the air, produced the same catching of his breath, precisely like a person wading in cold, deep water, or an infant when one blows suddenly in its face. I called for drink, and begged him to take a little. After much persuasion he grasped the cup with both his

hands in a very hurried manner, and holding it for some seconds at a distance from him, as if to summon an unusual amount of resolution, he suddenly made a desperate effort, throwing it violently into his mouth. He succeeded in swallowing a small portion of it, but by far the greatest part was lost in the attempt. The effort produced partial strangulation. I was informed that what I had just witnessed was a fair specimen of that which had taken place during the night at every attempt to swallow liquids. He had not closed his eyes in sleep for a moment during the night, nor, indeed, since the attack. His countenance was anxious in the extreme, and he seemed almost frantic with fear, apprehending some dreadful evil and watching with intense interest the movements of every one in the room. Nothing apparently escaped his notice. The motions of his head and eyes were as quick as thought, turning in rapid succession from one object to another. A draft of air, the sight of a cup, the sound of a spoon, or the mere mention of drink, seemed alike capable of producing the same dread of suffocation, or a paroxysm of spasmodic breathing. The same result followed if we touched any part of his body. His skin seemed exceedingly sensitive.

When in his most quiet state he was constantly catching his breath, like a child sobbing after having cried itself to sleep. All remedies proved alike powerless. These symptoms continued, with very little variation—the suffocating spasms, however, increasing in frequency and severity, until the morning of the 11th, when death terminated his sufferings by asphyxia after several violent convulsions. Although, during his illness, some of the attendants became afraid of him, he manifested no disposition to bite or injure any one, neither was there any unusual amount of saliva secreted.

Upon inquiry, after my second visit, I could not learn that Michael had ever been bitten by a dog; but afterwards, upon making inquiry of the children in the Asylum, and of Michael himself, it was ascertained that he had been bitten by a dog about a year before, and while he was an inmate in the Alms-house before being received into the Asylum. He said he was bitten on the leg while at play in the field, and showed the scar which he persisted in declaring was where the dog bit him. He said they killed the dog. Inquiry was made at the poor-house, but no one there knew anything about it. An individual, however, living near the poor-house premises, says, at the time referred to, a dog said to have been mad was killed in consequence of his biting propensities. Michael complained of no pain in the cicatrix said to have been produced by the bite.

A post-mortem examination was made, but nothing very satisfactory

ascertained. The lungs and breathing tubes were injected with blood. The blood was not coagulated ; it was fluid and dark colored.

What renders this case the more interesting, is the fact that a case very similar in character occurred in the same institution only a few days previous. I did not see the patient, and all I know of the case is what I have received from others. The case to which I allude is that of John Leonard, about 8 years of age. He was taken sick on the 30th of August, 1853, having been bitten by a little dog in the Asylum yard the September previous. The children were at play. The gate being open, a small strange dog came in, and at once attacked John and bit him, and immediately afterwards ran out again. Whose dog it was, whether it was mad, or whether it was afterwards killed, was never ascertained. The leg was sore for a little while, but healed kindly, and nothing more was thought of it.

The symptoms of this case, I understand, were very similar to those of the case related above. The brain, however, seemed more affected. John was constantly talking about objects which he imagined he saw near him, and of which he was at times very much in fear. He sometimes exhibited high resentment because those present did not see the same, and would not help him to drive them away—symptoms similar to those met with in delirium tremens. With this exception, I understand the symptoms in both cases were very similar, and the manner of death the same in both. John died on the 2d September, and Michael on the 11th.

Now did these cases possess the distinctive characteristics of hydrophobia? I am inclined to think they did, notwithstanding the absence of pain in the cicatrix and the want of an increased secretion of viscid saliva.

Another case is one I visited with Dr. Thorn, of this city, and at my request he has drawn it out as follows :—

Case of Hydrophobia.—David King, ætas. 28, met me in the street on Tuesday, 19th of March, 1839, in the afternoon, and complained of a sore throat. After making a superficial examination, I prescribed some domestic remedies. At 10 o'clock at night I was summoned to his house, his friends being alarmed at his getting worse. On entering the room, I found him in bed, calm, his skin cool, pulse natural. On inquiring as to the condition of his sore throat, he replied that he felt quite well till

he attempted to swallow anything. Some drink was now offered to him, and the near approach of the cup to his mouth threw him into a violent spasm. After waiting some little time, I repeated the offer of drink, and it produced still more spasm. I had only seen one case of hydrophobia, and that in the last stage, but I became immediately convinced as to the nature of the disease before me. On inquiring, I learned, that six weeks previously, while he was playing with a small dog, he was bitten slightly on the hand. The wound was sore for a few days, but healed, leaving no cicatrix. He was bled freely the night in question, and antimony and opium given in large doses.

A consultation of physicians was held the next morning by Drs. Blatchford, Hale and myself, and a similar treatment was followed. The symptoms increased in intensity almost hourly, until it became necessary to use restraint, which was sometimes ineffectual, so violent had he become. The treatment was varied from time to time; chiefly of the narcotic and antiphlogistic character, including some empirical remedy, sanctioned by the State authorities. On Saturday afternoon, four days from the commencement of the attack, he broke loose from his attendants, and seizing a vessel from the side of the bed, threw it with terrible force across the room and instantly expired.

An autopsy was made, in the presence of Drs. Blatchford, Brinsmade, Hale, Smith, Wright, Thorn, and several others. On opening the thorax, the lungs were found healthy and natural in appearance, as were, also, the viscera of the abdomen. The trachea, larynx and œsophagus were highly injected, and the mucous membrane almost in a state of ulceration. The brain was healthy; no effusion in the ventricles, but towards the base and in the medulla spinalis the appearances were of the most intense vascularity, as also in the membranes of the spine, as far down as the fourth or fifth vertebra.

JAMES THORN.

Troy, N. Y., July 2, 1854.

The only other case which I will trouble you with at this time, is the one I published in the "Annalist" for December, 1847, and is as follows:—

"Troy, Nov. 22, 1847.

"Dear Sir,—Last week I was called to witness a case of hydrophobia occurring in this city. The subject was bitten on the 23d of September last, by his own dog—one which he had raised, which was not known to be sick, much less mad. The dog was of the large Newfoundland species, but had been so cross to strangers for several months past, that the family found it necessary to keep him chained almost constantly,

which, perhaps, tended to increase his ferocity. On the morning of the 23d of September, a neighboring woman went as usual for water, and on her way to the well passed the dog without molestation. Upon her return the dog seized hold of her clothes and tore them very much, but without hurting the woman at all. Mr. House, the unfortunate gentleman alluded to, looking out of the window at the time, witnessed the occurrence, and immediately began to punish the dog, by stamping upon him and kicking him several times; but thinking to break the dog entirely of such tricks, he went into the house, procured a leather strap, and returned to flog him. The dog immediately turned upon his master, seized him by the collar, and finally got hold of his left hand, which he did not relinquish until after a severe struggle. The dog was immediately shot. The wounds on the hand healed mostly by the first intention. Mr. House again pursued his business, which was that of a shoemaker, and no subsequent injury was expected.

"On Saturday, the 6th of November, he used his hand more than usual in his work, and in the evening carried home from market on his shoulder a quantity of provisions for his family, the distance of half a mile. He thought he hurt himself from overstraining, for that night he began to complain of sharp, shooting pains in his shoulder, neck, arm and hand of the left side. Tuesday evening, November 9th, almost seven weeks from the time of the bite, the pain growing more severe, and domestic remedies affording no relief, he sent for Dr. Adams, who finding, besides the acute local pain of the neck and shoulder, a high degree of general irritation, bled him freely, and with marked relief, for the pain in his side and shoulder did not much trouble him afterwards.

"Before this time his thirst had been very great, and he drank water freely and without spasm. On Wednesday, it was found that at times he could not swallow liquids without severe convulsive efforts; and from Wednesday night he became *entirely* unable to swallow liquids, every attempt producing the most frightful spasms, as if strangulation must immediately ensue: indeed, to swallow anything required a great effort, and many unsuccessful attempts always preceded the few successful ones.

"He was continually catching his breath, as if some one was dashing water in his face. He was restless and sleepless, constantly pacing the floor. He could neither sit down nor lie down. He seemed to have his senses, and to be perfectly conscious of his situation; yet he suspected all, not excepting his nearest relations, of some design against him, principally that of forcing him to swallow. In this state I found him on

Friday morning, when I saw him for the first time. His pulse varied from 120 to 140, and in the evening to a mere thrill.

“His countenance indicated the most intense anxiety and distress. He was constantly spitting and wiping from his mouth quantities of frothy viscid mucus. His great difficulty of swallowing, and his unwillingness to make the attempt, precluded almost entirely the employment of any internal remedy. One or two doses of opium, in the form of paste, had been administered, but without relief. I then suggested the inhalation of ether, more as an experiment than as promising permanent relief. It was a long time before he would consent to have it tried. The globe with its mouth-piece was procured, and at length he suddenly seized it, carried it to his mouth with a quick convulsive movement, and as rapidly pushed it away, having apparently the desire without the power of breathing into it. Failing in this, we loaded a handkerchief with ether, and succeeded in placing it under his chin. He soon came under its influence, and the effect was very marked, inasmuch as it greatly, though not entirely, controlled the spasms, and rendered his death comparatively easy, which took place at 5 o'clock, A.M., Saturday, 17 hours after the inhalation of the ether, and 51 days after the inoculation. He commenced vomiting two hours before death, and died in the act, discharging nothing but a white, frothy viscid mucus.

“This case I deem interesting in two particulars:—1st, the dog which inflicted the wound was well until irritated by his master; and, 2d, the controlling power of etherization in spasmodic disease. Should I again be called to a similar case, I would certainly urge the employment of this agent, and in applying it I would prefer the open sponge.”

I remain, with great respect, yours sincerely,

THOMAS W. BLATCHFORD.

